



PERMIT SUBMITTALS FOR NEW CONSTRUCTION, ADDITIONS AND ALTERATIONS FOR COMMERCIAL, INDUSTRIAL, & MULTI-FAMILY BUILDINGS

The City of Franklin Inspection Department may do the plan review in lieu of the Department of Commerce for buildings meeting the requirements of the scoping section below. The City of Franklin is a Certified City as required to do these plan reviews.

Scope: Drawings, specifications, and calculations for all the types of buildings and structures specified in s. Comm 61.30, except state-owned buildings and structures, to be constructed within the limits of a municipality or county that is not included in pars. (a) and (b) shall be submitted to either the department or to that municipality or county if the municipality or county has assumed the responsibilities of plan examination and building inspection in accordance with sub. (2) and if the plans are for any of the following:

1. A new building or structure containing less than 50,000 cubic feet of total volume.
2. An addition to a building or structure where the area of the addition results in the entire building or structure containing less than 50,000 cubic feet of total volume.
3. An addition containing no more than 2,500 square feet of total floor area and no more than one floor level, provided the largest roof span does not exceed 18 feet and the exterior wall height does not exceed 12 feet.
4. An alteration of a space involving less than 100,000 cubic feet of total volume.

Applications submitted for Building Permits shall include all of the following information:

- | | |
|---|---|
| <input type="checkbox"/> Five (5) copies of architect signed and sealed plans, two (2) of the copies shall be sets approved by the Department of Commerce when Department of Commerce does plan review. | (New Construction, Additions, Alterations) |
| <input type="checkbox"/> One (1) copy of the SBD-118 form. | (New Construction, Additions, Alterations) |
| <input type="checkbox"/> One (1) copy of structural calculations, signed and sealed. | (New Construction, Additions, Structural Alterations) |
| <input type="checkbox"/> One (1) copy of the Wisconsin Energy Efficiency plan check worksheets or computer calculations signed and sealed. | (New Construction, Additions, Alterations) |
| <input type="checkbox"/> One (1) copy of the Wisconsin Lighting calculations signed and sealed. Calculations may be submitted on or before rough framing if plans are not for alterations. | (New Construction, Additions, Alterations) |
| <input type="checkbox"/> One (1) copy of the Building specifications (IF NOT ON PLANS).
(PDF format preferred) | (New Construction, Additions) |
| <input type="checkbox"/> Five (5) copies of the building stake out survey, done by a Wisconsin registered land surveyor.
<u>Do not attach surveys to plans.</u> | (New Buildings & Additions only) |
| <input type="checkbox"/> One (1) completed copy of the Milwaukee Metropolitan Sewerage District's Notice of Intent form. Applicant must mail or fax a copy to the MMSD. | (When Discharge is New, Changed or Altered) |
| <input type="checkbox"/> The size of the domestic water service (not sprinkler lateral) | (New Commercial or Industrial Buildings) |
| <input type="checkbox"/> Water Impact Fee form | (Submit for all Commercial, Industrial & Institutional) |
| <input type="checkbox"/> Estimated cost of construction without plumbing, electrical, and mechanical costs. | |

Plan exam fees:

• New Building - Commercial/Industrial/Institutional (under 100,000 sq. ft.)	\$300.00
• New Building -Commercial/Industrial/Institutional (100,000 sq. ft. & larger)	\$500.00
• Additions/Alterations - Commercial/Industrial/Institutional Buildings	
1 to 1,000 Sq. Ft.	\$220.00
1,001 to 2,500 Sq. Ft.	\$300.00
2,501 to 5,000 Sq. Ft.	\$350.00
5,001 to 10,000 Sq. Ft.	\$400.00
10,001 Sq. Ft. and over	\$500.00
• New - Multi-Family/CBRF/Institutional	\$300.00 plus \$25/unit
• Additions/Alterations - Multi-Family/CBRF/Institutional	\$200.00 plus \$25/unit

Plan and Permit Review Process

- The City of Franklin Inspection Department attempts to maintain a 10 working day turn-a-round on permit submittals. However, plan review time and issuance of permits may exceed 10 days, depending on workload and staffing time. Plans are reviewed and permits are issued on a first in, first out basis. Please feel free to call on the status of your permit review.
- Projects shall have **completed** Planning, Economic Development, and Engineering Department project approval processes prior to application for a permit.
- Plans submitted for Building Permits are distributed to the Engineering, Planning and Zoning, and Fire Departments as well as the Inspection Department for technical plan and code review and approvals.
- Reviewing Departments will contact the submitter regarding additional information, questions, or plan revisions required. Permits remain in a “pending” condition until any questions, plan corrections or changes, requests for information, or other items are resolved or submitted.
- Departments complete their review and return approvals or conditional approvals to the Inspection Department.
- The Inspection Department completes the review processes, calculates fees, and issues a permit when all City Departments have approved the plans.

CITY OF FRANKLIN BUILDING PERMIT APPLICATION 9229 W. LOOMIS ROAD, FRANKLIN, WI 53132 Phone (414) 425-0084 Fax (414) 425-7513 (applications can be downloaded at www.franklinwi.gov)						Application No.	
						Permit No.	
						Parcel No.	
Owner's Name						Phone	
Mailing Address				City		Zip	
Email Address							
Contractors doing work on single or two family homes must provide both UDC certification numbers for the company and for the qualifier. Please include copies of both cards along with each application.							
Contractor Name						Dwelling Contractor Cert#	
Dwelling Contr. Qualifier's Name (if work is on 1 or 2 family dwellings)						Dwelling Contractor Qualifier Cert#	
Mailing Address				City		Zip	
Email Address				Phone		Fax	
Applicant (if other than owner or contractor)						Phone	
Mailing Address				City		Zip	
Email Address				Phone		Fax	
Job/Building Address				Project/Business Name (if applicable)			Unit or Suite No.
Zoning District(s)	Corner Lot/Dbl/Triple Frontage		Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.
Project Type: <input type="checkbox"/> 1 & 2 Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi Family - # of Units _____							
PERMIT TYPE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Foundation Repair # of Courses Basement Wall _____ Size of Reinforcement Beams _____ <input type="checkbox"/> Occupancy -- \$200 plus \$5 Technology Fee </div> <div style="width: 50%;"> <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> On Slab <input type="checkbox"/> On Deck <input type="checkbox"/> Fence – Type and Height _____ <input type="checkbox"/> Pool <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground <input type="checkbox"/> Deck <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Accessory Building <input type="checkbox"/> On Concrete Slab <input type="checkbox"/> On Wood Floor <input type="checkbox"/> Other _____ </div> </div>							
Project Description: _____ Estimate of Cost \$ _____							
Cautionary Statement To Owners Obtaining Building Permits 101.65(Ir) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that: If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur: (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit. (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.							
CONTACT PERSON (print) _____						PHONE _____	
APPLICANT'S SIGNATURE _____						DATE _____	

SEPARATE PERMITS REQUIRED FOR PLUMBING, ELECTRICAL AND HVAC

BLDG PERMIT APP 9/2010

Wisconsin Department of Commerce

**APPLICATION FOR REVIEW
BUILDINGS, HVAC, FIRE AND COMPONENTS – SBD-118**

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

OFFICE USE:

Trans ID: _____

Assigned Reviewer: _____

Assigned Office: _____

For pre-scheduling of building HVAC, and fire plans, use the electronic *online request for commercial building plan appointments* found at <http://commerce.wi.gov/SB/SB-DivPlanReview.html#>. This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a **revision** via FAX (see Box 13 for further information). Check our website at <http://commerce.wi.gov/SB/SB-DivForms.html> for the most current version of this form. **We may re-distribute plans to another office if needed to reasonably balance turnaround times.** Your may monitor the status of your plan at: <http://commerce.wi.gov/SB/SB-DivReviewStatusSearch.html>

Enter Previous Related Trans. ID if applicable: _____
(If no previous related transaction is provided, plan review will normally be based on the current code, except for revisions. If a previous related transaction is entered and the parent building approval transaction has not expired, you may elect below to use the code in effect at the time of that approval for follow-up revision, HVAC and fire protection submittals related to that building approval. Note that this submittal's approval would then expire no later than the parent building approval.)

☐ Please review under the code in effect at the time of the parent building approval.

Circle your choice of office: 1. Next available appt in any office 2. Green Bay 3. Hayward 4. LaCrosse 5. Madison 6. Shawano 7. Waukesha

FOR SCHEDULING REVISIONS BY FAX - Enter date plan will be in our office: _____

Indicate where we should send our confirmed appointment information to:

☐ email: ☐ Fax: _____

Requested (check all that apply)

- ☐ New
☐ Alteration – Level: ☐ 1 ☐ 2 ☐ 3
☐ Addition/Alteration–Level: ☐ 1 ☐ 2 ☐ 3
☐ Approval Extension
☐ Revision
☐ Revision Following Held Plans
☐ Follow Up of a Denial Within 8 Months
☐ Preliminary Consultation (contact reviewer before scheduling or submitting)
☐ Footing & Foundation Plans Only
☐ Structural Framework – Shell Only
☐ Permission to Start
☐ Multiple Identical Buildings (see box 5)
Number of Buildings _____

b. Objects Submitted for Review (check all that apply)

- ☐ Building
☐ Membrane Construction
☐ Canopy
☐ Elevated Pedestrian Access
☐ Historical Building–Attach certification
☐ Bleacher
☐ Stand Alone Bleacher (not part of building project)
☐ Rack Supported Storage Building
☐ Building & HVAC
☐ HVAC
☐ HVAC Alone (no related bldg submittal)
☐ Kitchen Exhaust Hood
☐ Fire Suppression (see box 7)
☐ Fire Detection/Alarm (see box 7)

c. Structural Component Plan(s) which accompany this submittal (check all that apply):

- ☐ Roof Truss ☐ Metal Bldg
☐ Floor Truss ☐ Fire Escape
☐ Steel Girder ☐ Precast Plank
☐ Laminated Wood ☐ Precast Wall

Major Use – Check Use with the Greatest Floor Area

- ☐ A Assembly
☐ B Business/Office
☐ E Educational
☐ F Factory/Industrial
☐ H Hazardous
☐ I Institutional/Daycare/CBRF
☐ M Mercantile/Retail
☐ R Residential
☐ S Storage
☐ U Utility/Misc

Occupancies – Circle All that Apply)

- A1 A2 A3 A4 A5
B
E
F1 F2
H1 H2 H3 H4 H5
I1 I2 I3 I4
M
R1 R2 R3 R4
S1 S2
U

Construction Class – Circle One

IA IB IIA IIB IIIA IIIB IV VA VB

Area (project area, include all levels): _____ sq ft

Number of Floor Levels _____

Total Building Volume is less than 50,000 Cu. Ft. ____ Yes ____ No

Seismic Review Threshold (circle one)

1. B-F and greater than 1 story 2. A or 1 story

3. Non-Structural Alteration

4. Project Information – Fill in all known information

Site Number If Known _____

Project/Site Name _____

Tenant name or building designation _____

Previous Tenant Name _____

Number & Street _____

County _____ City () Village () Town () of _____

5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)

Building/Facility Name/Designation	Building/Facility Address

6. After plans are reviewed, please: (check all that apply) *Refers to customer number from below

☐ Call Customer 1, 2, 3, 4 (circle number)* ☐ Mail plans to customer 1, 2, 3, 4 (circle number)*

☐ Hold plans for pickup by designer designated agent

Designer Information (Customer 1)

First Name _____ Last Name _____ Customer Number _____
Company Name _____
Address _____
City _____ State _____ Zip+4 (9 digits) _____
Phone Number (area code) _____ Fax _____ E-Mail _____
Check others if applicable First Time Submitter ____ Yes ____ No
() Designer of __ Bldg __ HVAC, __ Fire Alarm __ Fire Suppression ____ Owner
Designer A/E # _____
() Supervising Professional A/E # _____ of __ Bldg __ HVAC

Designer Information (Customer 2)

First Name _____ Last Name _____ Customer Number _____
Company Name _____
Address _____
City _____ State _____ Zip+4 (9 digits) _____
Phone Number (area code) _____ Fax _____ E-Mail _____
Check others if applicable First Time Submitter ____ Yes ____ No
() Designer of __ Bldg __ HVAC, __ Fire Alarm __ Fire Suppression ____ Owner
Designer A/E # _____
() Supervising Professional A/E # _____ of __ Bldg __ HVAC

Property Owner (not leasee) Information (Customer 3)

First Name _____ Last Name _____ Customer Number _____
Company Name _____
Address _____
City _____ State _____ Zip+4 (9 digits) _____
Phone Number (area code) _____ Fax _____ E-Mail _____

Other (Customer 4)

First Name _____ Last Name _____ Customer Number _____
Company Name _____
Address _____
City _____ State _____ Zip+4 (9 digits) _____
Phone Number (area code) _____ Fax _____ E-Mail _____

7. Fire Protection (Check System Type That Applies)

Fire suppression and alarm plans are required for certain occupancies. See building approval letter or contact us for requirements. When required, the plans for fire sprinkler, fire detection, and fire alarm must be submitted to the Waukesha office. Please include the original building transaction number on the second line of page 1, upper right hand box. Do not submit fire suppression or fire alarm plans together with building or HVAC plans unless they are scheduled for the Waukesha office. A separate application form and plan sets are required.

Fire Alarm:

☐ Complete ☐ Partial ☐ None
Type: ☐ Automatic Detection ☐ Manual Alarm

Monitoring Type:

☐ Central Station ☐ Proprietary Supervision
☐ Remote Supervision ☐ Protected Premises

Fire Suppression:

☐ Complete ☐ Partial ☐ None
Type: ☐ Wet ☐ Dry ☐ Pre-action/Deluge
☐ Anti-Freeze ☐ Manual Wet

Monitoring Type:

☐ Central Station ☐ Proprietary Supervision
☐ Remote Supervision ☐ Protected Premises

NFPA Fire Suppression Standards used

☐ 11 ☐ 11A ☐ 12 ☐ 13 ☐ 13R
☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 17R
☐ 17A ☐ 20 ☐ 22 ☐ 24 ☐ 750
☐ 2001 ☐ Other _____

8. Other Potential Plan Submittals Required For A Project?

- Petition for Variance – Submit form SBD-9890
- Plumbing and private sewage systems under chapters Comm 81-85
- Elevators or Escalators under chapter Comm18
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter Comm 90
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter Comm 10
- There is no state electrical review

Contact S&BD for individual submittal requirements for all of the above.

For licensing of Hotels, Motels, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the WI Environmental Sanitation Section at (608) 266-2835. The Wisconsin Permit Center at 1-800-435- 7287 may be able to help you with other state permit requirements.

Note: Be aware that State Plan Review & Approval is separate from Local Permits. Always check with the local municipality and county for their requirements.

9. Required Signatures

- a) **SUPERVISING PROFESSIONALS** If building will be 50,000 cu ft or greater (Comm 61.50) I have been retained by the owner as the supervising professional per Comm 61.50 for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the Department and municipality certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the Department as such and indicating the current status of compliance.

Signature _____

Print _____

☐ Building ☐ HVAC Date _____

☐ Building ☐ HVAC Date _____

☐ Building ☐ HVAC Date _____

☐ Building ☐ Hvac Date _____

- b) **COMPONENT SUBMITTAL** The Department requires that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer _____

Date Signed _____

Name of Component Fabricator _____

- c) **Optional Service**-Permission to start requested – Be sure to check box under Building Submittal Type on front page)
☐ As the owner, I request to begin footing and foundation work PRIOR to plan review approval. I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction. I will not permit construction above the foundation until approved plans are at the site.

(Additional \$50.00 Fee per building) Request is for the following buildings: _____

Owner's Signature _____

Date _____

10. Statements of Owners and Designer

a) **OWNERS Statement** The owner indicated on page 1 requests that plans be reviewed for compliance with the code requirements set forth in Chapters Comm 61 to 65 of the department. The owner recognizes responsibility for compliance with all the code requirements and any conditions of approval. If a building is 50,000 cubic feet in total volume or greater, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (Comm 61.31). Signatures and seals affixed to the plans shall be original.

b) **DESIGNERS Statement** (Comm 61.20, 61.31 (1), and 61.50) The designer indicated on page 1 of this form is responsible for preparing or supervising the preparation of the plans to the best of his/her knowledge to comply with the applicable codes of the Division of Safety & Buildings for this submittal. If a building, following construction of this project, contains more than 50,000 cubic feet in volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer, architect, or designer (Comm 61.31(1)). Signatures and seals affixed to the plans shall be original.

11. Fee Calculation Instructions
FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE
 Calculate appropriate fee on page 4 and enter total on Page 4.

- I. Building, heating and ventilation, fire alarm and suppression plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table Comm 2.31-1 or Table 2.31-2

Note: Comm 2 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

Table 2.31-1
Plan Review Fees for
Buildings Not Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$260	\$160	\$30	\$30
2,501 - 5,000	330	220	60	60
5,001 - 10,000	550	260	80	80
10,001 - 20,000	750	400	150	150
20,001 - 30,000	1,100	540	220	220
30,001 - 40,000	1,500	830	360	360
40,001 - 50,000	2,000	1,100	500	500
50,001 - 75,000	2,700	1,500	720	720
75,001 - 100,000	3,400	2,100	1,000	1,000
100,001 - 200,000	5,600	2,700	1,300	1,300
200,001 - 300,000	9,900	6,300	3,100	3,100
300,001 - 400,000	15,000	9,200	4,500	4,500
400,001 - 500,000	18,500	12,000	5,900	5,900
Over 500,000	20,000	13,500	6,700	6,700

Table 2.31-2
Plan Review Fees for
Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings

This table may be utilized for projects in municipalities that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department of Commerce. Reduced fees do not apply to state owned buildings. Check our website home page at <http://www.commerce.state.wi.us/SB/SB-commercialbuildingsdelagetdunicipalities.html>, or call 608-266-3151 for the current list.

Area (Square Feet)	<u>Building Plans</u>	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$220	\$130	\$15	\$15
2,501 - 5,000	290	200	50	50
5,001 - 10,000	480	220	60	60
10,001 - 20,000	670	340	120	120
20,001 - 30,000	990	480	190	190
30,001 - 40,000	1,300	750	320	320
40,001 - 50,000	1,800	1,000	450	450
50,001 - 75,000	2,400	1,300	600	600
75,001 - 100,000	3,000	1,900	900	900
100,001 - 200,000	5,000	2,400	1,150	1,150
200,001 - 300,000	8,900	5,700	2,800	2,800
300,001 - 400,000	13,400	8,300	4,100	4,100
400,001 - 500,000	16,700	10,800	5,300	5,300
Over 500,000	18,000	12,100	6,000	6,000

NOTE: A plan entry fee of \$100.00 shall be submitted with each submittal of plans to the department in addition to the plan review and and inspection fees.

Note: A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time**: The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 2.31-1 or 2.31-2 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

12. CALCULATION OF FEES

Determine Project Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, industrial equipment platforms, balconies, lofts, decks, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total project area is the summation of all floor areas that are part of this project. Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
Total Project Area				=	_____

B. Determine Fee Table: Determine the appropriate fee table based on the project location.

C. Compute Total Fee

- **Building Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Hvac Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Fire Alarm Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Fire Suppression Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Miscellaneous Fee** No. of Buildings _____ x \$200.00 \$_____.00
(plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans more than 10 feet apart, etc)
- **Permission to Start Construction** No. of Buildings _____ X (\$50.00) \$_____.00
- **Revision to previously reviewed, but not denied, plans** No. of Buildings _____ X (\$50.00) \$_____.00
(This includes submittal of revised plans, within 30 days, after an additional information/hold action)
- **Additional number of plan sets** No. of Plan sets in excess of 5 _____ X (\$20.00/set) \$_____.00
- **Components** \$_____.00
(Trusses, precast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, fee is only the minimum \$100 submittal fee. If submitted as a stand-alone project, fee is \$200, plus the \$100 submittal fee. The \$100 submittal fee applies per each previous building transaction.)
- Other \$_____.00
- Submittal Fee (required for each and every separate submittal of choices above) \$ **100.00**
- Additional sets of approved plan sets requested after plan approval No. of Plan Sets _____ X (\$20.00) \$_____.00
- Plan Approval Extension (without a petition, the extension is only valid for the interior work). (\$100.00) \$_____.00

MAKE CHECKS PAYABLE TO DEPT OF
COMMERCE.

Total Amount Due \$ _____
Revenue Code 7648

13. Appointment, Scheduling Information, and Plan Submittal Checklist.

To schedule for other than revisions – do not use this form. Instead you can utilize our 24-hour web scheduling site located at <http://www.commerce.state.wi.us/SB/SB-DivPlanReview.html> to reserve an appointment date while you are still working on the plans.

For revision appointments fax to 877-840-9172.

Web Scheduling allows you to view the next available appointment in any office and select an office that best fits your timeframe. You will receive a completed application form with an appointment date, transaction ID number, assigned reviewer, and required fees based on what you entered. Pre-scheduled plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.

Check our Website at <http://commerce.wi.gov/SB/SB-CommBldgPlanRevInfo.html>. You may email technical code questions to bldgtech@commerce.state.wi.us or fax to (608) 283-7403.

City of Franklin, Wisconsin

Calculations for determining Residential Equivalent Connections (RECs)

For Non-Residential Buildings, Additions and Occupancies

For the year 2010

The Impact Fee ordinance is intended to impose an Impact fee, in order to regulate the effect of new development on public facilities, and to finance public facilities, the demand for which is generated by new development or any improvements made to existing development. It is the responsibility of the property owner to submit a good faith estimate of the intended water use for the non-residential development. Based on this information, the City will calculate and impose an interim impact fee for development. The City may, anytime within 60 months of the establishment of nonresidential account, recalculate the impact fee based upon the highest actual quarterly water usage by a nonresidential account.

APPLICANT PROVIDES THIS INFORMATION

Date:	<u>Tax Key #:</u>
Property owner:	Contact Person:
Business Name:	Telephone #
Location:	Address:
Form Completed By & Telephone # (Please Print)	Use:

Estimated infrastructure usage caused by the non-residential development (new industrial, commercial or institutional building). If an addition to, or remodeling of an existing building, indicate the change in gallons per day.

Average Daily Water Use (GPD):	Maximum number of Employees per work shift:
Hours of operation (Total of the Daily Shift's Hours):	
Description of Use of Building or Space:	

FOR DEPARTMENT USE ONLY DO NOT FILL OUT BELOW THIS LINE

SIC Code Used:(Gallon/Employee Hour)	Calculated By:
--------------------------------------	----------------

IMPACT FEE TO BE CALCULATED BY CITY STAFF

Water Usage: _____ Gallons per Day /169 Gallons = _____ * RECs.

_____ WATER RECs @ \$1701.00 = \$ _____

Or

_____ Gallons/Employee/Hr (SIC Code) X _____ Employees X _____ Hours Day = _____/169
= _____ * RECs @ \$1701.00 = \$ _____.

Fractional RECs are to be rounded UP to next ½ REC.

Notice of Intent To Discharge Non-domestic Wastewater

I. Persons who must submit a Notice of Intent

A person must submit a *Notice of Intent* before discharging a new non-domestic wastewater to the sewerage system, significantly modifying an existing non-domestic wastewater discharge, or taking possession or control of an existing facility that discharges process wastewater. You must submit a *Notice of Intent* if you are:

- (a) Constructing a new facility that will discharge process wastewater to the sewerage system;
- (b) Changing the physical size or operations at an existing facility to the extent that wastewater volume or content will be substantially changed, including, but not limited to, a change in the annual average daily discharge flow rate of 20% or more;
- (c) Taking possession or control of an existing facility that discharges process wastewater;
- (d) Proposing to discharge contaminated groundwater;
- (e) Commencing or modifying a discharge of hazardous waste that requires reporting according to sec. 11.412, MMSD Rules; or
- (f) Proposing to discharge any other non-domestic wastewater not previously reported to the District.

II. Timing

The District must receive the *Notice of Intent* at least 60 days before an action listed in Item I. **You may commence discharging only after receiving written approval from the District.**

III. Submitting the Notice of Intent

Mail or deliver the District's copy of the *Notice of Intent* to:

Milwaukee Metropolitan Sewerage District Attention: Harvey
Matyas
260 West Seeboth Street
Milwaukee, Wisconsin 53204-1446

You may fax the *Notice of Intent* to the District at 414-272-0270.

The municipality in which the discharging the facility is located must also receive a copy of the *Notice of Intent*.

IV. Contact person

The *Notice of Intent* must identify a contact person, who must be an employee, operator, or owner of the discharging facility. The contact person must be someone with operational responsibilities and a technical knowledge of the processes and equipment at the facility. The contact person is not necessarily the same person who must sign this *Notice of Intent*. If a consultant is preparing this *Notice of Intent*, please identify the consultant on a separate sheet. While a consultant may prepare and submit the *Notice of Intent*, the *Notice of Intent* must still identify someone from the discharging facility as the contact person and someone from the facility must sign the Notice of Intent according to Part VII of this introduction.

V. Identity and concentration of pollutants

You must provide enough information for the District to identify the pollutants that have a potential to be in the wastewater and to determine whether any pollutant would violate the limits or prohibitions established by secs. 11.202 or 11.203, MMSD Rules.

If you are not currently able to sample the wastewater, then you must use your best engineering judgment to predict the pollutants that may be present. You may base this prediction upon the raw materials, processes, operations, and circumstances that will produce the non-domestic wastewater. You can obtain information regarding potential pollutants from material safety data sheets, equipment vendors, other persons with similar processes, and development documents for any applicable categorical standards.

If you are able to sample the wastewater, then you must submit analytical results with the *Notice of Intent*. You must analyze the wastewater for the pollutants listed in sec. 11.203(1)(a), MMSD Rules, and for pH. If the wastewater is related to a remedial action at a site of a leaking underground storage tank, then you must analyze the wastewater for the chemicals that the tank contained, in addition to the pollutants listed in sec. 11.203(1)(a), MMSD Rules. You may exclude pollutants if you have no reasonable expectation that they will be present and if you provide your reasoning to the District. The results must be from samples collected within three months before the submission of the *Notice of Intent*.

Contact the District at 414-225-2164 if you have questions regarding characterizing your wastewater.

VI. Signature

Someone who satisfies the requirements of secs. 11.401 (2)(c) and 11.417, MMSD Rules, must sign the *Notice of Intent*. Generally, the required person is an officer of a corporation, a partner, or a proprietor. A representative of one of these persons may sign the *Notice of Intent* if the representative has written authorization and the written authorization is submitted to the District.

VII. Fee

In many cases, paying a fee with this *Notice of Intent* is **NOT** required. However, if the proposed discharge would be for a single, short-term event or if the discharge is unrelated to your water consumption from a public water supply, then you must pay the fee established by the District's *Cost Recovery Procedures Manual*. For 2006, this fee is \$250. You must submit this fee with the *Notice of Intent*. Make checks payable to the Milwaukee Metropolitan Sewerage District. The District will not evaluate a *Notice of Intent* unless this fee is paid. This fee is nonrefundable, even if the District denies permission to discharge.

VIII. Applicable wastewater regulations

Every person who discharges to the sewerage system is subject to Chapter 11, MMSD Rules. In addition to the MMSD Rules, various state or federal regulations may apply. If you have questions regarding the applicable requirements, you may contact the District at either 414-225-2164 or 414-225-2275. Please note, however, that the District will not provide comprehensive engineering advice or legal counsel. You are responsible for obtaining any necessary engineering consultants, legal counsel, or both.

IX. Review of proposed wastewater treatment systems

If you intend to install facilities or equipment to treat wastewater before discharge, then you must submit plans, specifications, and operating procedures to the District, according to sec 11.414, MMSD Rules. You are not required to submit this information with the *Notice of Intent*. However, you must submit this information before the commencement of operation of the treatment facilities or equipment.

In addition, you must submit plans, specifications and operating procedures to the Department of Natural Resources (DNR), according to ch. NR 108, Wis. Adm., Code. You must provide to the District a copy of the approval letter from the DNR before the commencement of discharge. Alternatively, you may provide a copy of a letter from the DNR indicating that your treatment system is exempt from approval requirements. Currently, the DNR prohibits commencing the construction of any wastewater treatment system before receiving approval from the DNR.

X. The District's response

The District will respond to *Notices of Intent* with either a letter of approval, a letter of disapproval, or a request for additional information. The District will require additional information if the District concludes that the proposed discharge requires a wastewater discharge permit, which the District must issue to any facility that is "significant industrial user" according to sec. 11.103, MMSD Rules. Other circumstances may also cause a request for additional information.

The District may request an opportunity to inspect the site of the proposed discharge.

If the District determines that a wastewater discharge permit is necessary, then you must submit a *Baseline Report*, according to sec. 11.402, MMSD rules. This report is mandatory if the proposed discharge will be subject to a categorical standard set forth in 40 CFR 405 to 471 or if the District has classified a facility as a significant industrial user for some other reason.

You may commence discharging only after receiving either an approval letter or a wastewater discharge permit.

XI. Additional instructions and information

- (a) Please type or print clearly.
- (b) If the form does not allow you to completely explain your circumstances, please attach a cover letter providing more information.
- (c) “SIC” means the standard industrial classification, as set forth in the *Standard Industrial Classification Manual*, as published by the federal Office of Management and Budget.
- (d) For domestic wastewater discharges, you may estimate 2.3 gallons per employee hour.
- (e) Section 11.102, MMSD Rules, provides definitions for several important terms used in the *Notice of Intent*.
- (f) Instead of using the *Notice of Intent* form, you may provide all of the required information in a letter or other format.
- (g) Chapter 11, MMSD Rules, and the District’s *Cost Recovery Procedures Manual* are available from the District’s Record Center (414-272-5100).
- (h) If you have questions regarding the *Notice of Intent*, please contact the District at 414-225-2164.

Thank you for your cooperation

Notice of Intent
To Discharge Non-domestic Wastewater,
As Required by sec. 11.401, MMSD Rules

I. Facility Information

(a) Facility name

(b) Facility address _____

(c) Mailing address

(d) Contact person _____

Name

Title

Telephone

(e) Business description

II. Discharge information

(a) Reason for submitting this notice of intent:

Constructing a new facility that will discharge process wastewater to the sewerage system Taking possession or control of an existing facility that discharges process wastewater

Changing the physical size or operations at an existing facility to the extent that wastewater volume or content will be substantially changed, including, but not limited to, a change in the annual average daily discharge flow rate of 20% or more

Proposing to discharge contaminated groundwater

Commencing or modifying a discharge of hazardous waste that requires reporting according to sec. 11.411, MMSD Rules

Other. Explain on an attached page

(b) Proposed date for the commencement of discharge _____

(c) Describe the processes, operations, activities, and circumstances that will produce the non-domestic wastewater covered by this *Notice of Intent*

(d) Wastewater discharge rates for the facility as a whole. Complete this section if the discharge is not a one-time discharge

Flow rates (gallons per day) Existing
Proposed

Domestic

Non-domestic
Process

Non-contact
cooling

Other

(e) Process wastewater discharges (fill in the spaces that apply)

1. Continuous discharge: _____ hours per day _____ days per week
2. Batch discharge: _____ gallons discharged Frequency per _____ Time .
3. One time discharge: _____ gallons discharged over _____ days
4. Other (explain the timing and type of discharge)

(f) List the pollutants potentially present in the wastewater covered by this *Notice of Intent*

(g) Sample results. If you are able to sample the wastewater covered by this *Notice of Intent*, then attach sample results according to the instructions.

(h) Would the wastewater covered by this *Notice of Intent* be regulated as hazardous waste according to sec 40 CFR 261 if it was not discharged to the sewerage system?

Yes_____ No

If yes, contact the District for additional reporting requirements.

- (i) Describe any proposed treatment procedures or equipment

- (j) Enclose a drawing of the site where the discharge will occur, This drawing must identify all connections to the sewerage system; the processes, operations, or activities generating wastewater; treatment facilities, and potential sampling locations.

III. Certification and signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Date

Printed name and title

Occupancy Inspection Checklist

New Commercial, Industrial, Institutional & Multi-Family Buildings and Additions

To provide better service and to attempt to minimize delays, please submit a copy of the items listed below (where applicable) to the Inspection Department five business days prior to scheduling an occupancy inspection. Contact the Inspection Department if you have questions about submittals.

- ☐ Call to schedule **final Electrical Inspection** for the Electrical Inspector, call 414-425-0084 to schedule an inspection with the Inspection Department secretaries.
- ☐ Call to schedule **final Plumbing Inspection** for the Plumbing Inspector call 414-425-0084 to schedule an inspection with the Inspection Department secretaries.
- ☐ Call to schedule **final Fire Inspection** for the Fire Inspector. **(48 hours advance notice required.)** Call 414-425-1420 to schedule an inspection.
- ☐ Call to schedule inspection of the **Emergency Egress Lighting System** for the Building Inspector, call 414-425-0084 to schedule inspection with the Inspection Department secretaries. Inspection needs to be scheduled for a non-daylight hour.
- ☐ Call to schedule **final Building Inspection** for the Building Inspector, call 414-425-0084 to schedule inspection with the Inspection Department secretaries.
- ☐ **Fire Suppression/Sprinkler Test Reports** – Installing contractor shall provide this information. Submit original Fire Inspector's sign off inspection sheet with report.
- ☐ **Fire Alarm Installation and Test Report** – Installing contractor shall conduct alarm testing and submit test report. City will not inspect without contractor test having been completed.
- ☐ **Fire and Smoke Damper Inspection and Testing Report** – Installing Contractor shall provide.
- ☐ **Floor, Wall and Ceiling Smoke and Flame Spread Certification** – Installing contractor shall provide a listing of the flame spread and smoke developed rates for all interior finish materials.
- ☐ **Medical Gas Delivery System Report** – Installing contractor shall test the medical gas delivery system and submit reports (where required).
- ☐ **Elevator Inspection Certification** - Submit copy of State of Wisconsin elevator inspector's report for each elevator in the project.
- ☐ **Emergency Generator Test and Inspection Report** – installing contractor shall submit a copy of the initial start-up and transfer switch test. A separate generator run test must be witnessed by the Inspection Department. Call 414-425-0084 to schedule an inspection with the Inspection Department secretaries.
- ☐ **Architect/Engineer's Compliance Statement** – To be submitted by the supervising professional. (SBD 9720 Form.)
- ☐ **American's With Disabilities Act (ADA) Certification** – the Supervising Professional's onsite inspection and shall be understood to include design compliance with ADA.
- ☐ **Energy Certification (Lighting)** – To be submitted by the Supervising Professional. (IECCas modified by COMM Chapter 63.)
- ☐ **Mechanical Engineer/Designer's Compliance Statement** – To be submitted by the supervising professional for the HVAC system. (SBD 9720 Form.)

- ☐ **HVAC Test and Balance Certification Report** – Report to be submitted by the supervising professional or the Mechanical Designer to verify that the balance reports have been reviewed and are found to be acceptable.
- ☐ **Sign Permit** – Applications for temporary and permanent signs shall be submitted for approval to the City prior to issuing occupancy. Sign permit shall be picked-up and fees paid prior to occupancy. Construction signs shall be removed before occupancy.
- ☐ Call to schedule the **final inspection by the Health Department** with the Health Department, call 414-425-9101 to schedule inspection. This inspection is required for all businesses that prepare and serve food and/or beverages.
- ☐ Call to schedule the **final inspection by the Department of City Development**, please schedule the inspection **a minimum of 30 days** prior to the building related occupancy inspection dates. Call 414-425-4024 to schedule inspection.
- ☐ Call to schedule the **final inspection by the Engineering Department** with the City Engineer, please schedule the inspection **a minimum of 30 days** prior to the building related occupancy inspection dates. Call 414-425-7510 to schedule inspection.
- ☐ **As built Building Plans** – Submit plans in electronic format for the site grading, underground utilities, building, HVAC, plumbing, electrical, sprinkler, and fire alarm plans. Plans shall be in AutoCAD, PDF format, or other format acceptable to the Department.
- ☐ **Other Inspection Reports** – Submit copies of inspection and licensing reports from other State agencies or engineering companies. These would include Department of Health and Family Services for hospital, medical and/or daycare facilities and Department of Commerce reports for in ground and above ground storage tanks and structural and geotechnical engineering services reports for such items as soils inspections, concrete cylinders, and spray on fire resistant materials.